

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

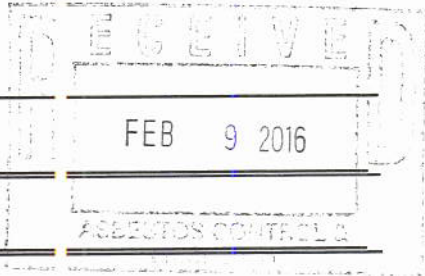
Check # 2619

Date of Notification (1) 01 / 18 / 16		Name of Building Owner / Operator (2) First Energy				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment_2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308				
Telephone Number		Number				
Name of Contact Jim Halsey		Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Street Address 152 BROAD STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (I.e., private & commercial bldgs., homes, etc.)				
City (5) RED BANK	County (6) MONMOUTH	County Code (7)	Square Feet			
Current Use (Prior if being demolished)		# Of Floors	Building Age			
Telephone Pole						
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO				
Street Address 655 West Shore Trail		NORTHSTAR CONTRACTING GROUP. INC.				
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway				
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036				
Telephone Number 212-682-9271		Telephone Number 973-884-8682				
Sched. Start Date (10) 02 / 17 / 16		Sched. Completion Date (11) 02 / 19 / 16				
License Number 00860						
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>WED</u> 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC.				
		Street Address 32 Williams Parkway				
		City, State, Zip Code East Hanover, NJ 07036				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				R E M O V A L	E N C A P S U L	E N C L O S U R
	YES NO N/A					
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.		
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105			
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 02/08/16	

CK 6666

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-46



Date of Notification (1) 10 12 / 0 13 / 1 16		Name of Building Owner/Operator (2) ANTONIO PLATI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code JERSEY CITY, NJ 07306	
Name of Contact ANTONIO PLATI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANTONIO PLATI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)		
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) JERSEY CITY	County (6) HUDSON	County Code (7) (State use only)	Current Use (prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 02/04/16	Sched. Completion Date (11) 02/25/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted () and Non-friable procedure

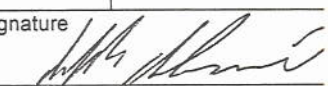
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		pipe insulation	50 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION (2X)	100 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/05/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/03/2016

* Do not use this form for asbestos licensure exempted activities

CK 25300

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>02</u> / <u>08</u> / <u>16</u>		Name of Building Owner/Operator (2) Verizon		RECEIVED FEB 9 2016					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Orange Avenue						
			City, State, Zip Code Cranford, NJ 07016						
			Name of Contact Brian Kingsbury	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 100 Orange Avenue			Square Feet 10,000	# of Floors 3	Bldg. Age 50				
City (5) Cranford		County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety and Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 10 Exchange Place, 13th Floor		Street Address 47 Foster Road							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-3565166	Telephone No. 718-605-6256	License No. 00 '74					
Start Date (10) <u>02</u> / <u>19</u> / <u>16</u>	Scheduled Completion Date (11) <u>02</u> / <u>28</u> / <u>16</u>		Name of OSHA Monitor Testor Tech						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 4:00PM-12:30AM			Street Address 10 59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 12/03/15	City, State Morrisville, PA						
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 		Date 02-08-2016					

NOCK

COURTESY

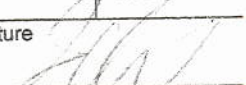
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Form with sections: Date of Notification, Agencies Notified, Facility Information, Monitoring Firm, Abatement Contractor, Scope of Work, and Abatement Type table.

* Do not use this form for asbestos licensure exempted activities.

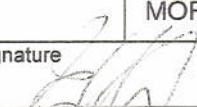
NOC
COURTESY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/31/16		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP, LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 645 MADISON AVE. 5TH FLOOR City, State, Zip Code NEW YORK, NY, 10022 Name of Contact DIOGO CADIMA Telephone Number						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS Street Address 503 BERGEN AVE City (5) JERSEY CITY County (6) UNION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 18000 # of Floors 3 Bldg. Age 1960'S County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) APARTMENT BUILDINGS						
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING, LLC Street Address 1600 ROUTE 22 EAST City, State, Zip Code UNION, NJ, 07083		ASCM No. Telephone No. 908-956-1233	Name of Abatement Contractor (9) ASBESTOS ROBOTICS div. of INDIAN ARROW Street Address 144 MILL ST City, State, Zip Code PATERSON, NJ, 07501 Telephone No. 973-653-9652 License No. 1257						
Project Manager for Monitoring Firm THOMAS RUBINO	Start Date (10) 02/10/16	Scheduled Completion Date (11) N/A	Name of OSHA Monitor GORAN IGEV						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>ABATEMENT TAKES PLACE ON THE ROOF</u>		Street Address 144 MILL ST City, State, Zip Code PATERSON, NJ, 07501							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) ROOF	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Y			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) ROOFING	Amount Specify (SF or LF) 2100 SF	Abatement Type Removal Repair Encapsulate Enclosure Y			
	Name of Registered Waste Hauler INDIAN ARROW/ATLANTIC CARTING City, State PATERSON, NJ/WAYNE, NJ		NJDEP Waste Hauler ID No. 36031/26085			Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. City, State MORRISVILLE, PA		
Disposal Date TBD		Signature 		Date 01/31/16					

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

COURTESY
NOCK

Date of Notification (1) 01/31/16		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP, LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 645 MADISON AVE. 5TH FLOOR								
		City, State, Zip Code NEW YORK, NY, 10022								
		Name of Contact DIOGO CADIMA								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 507 BERGEN AVE		Square Feet 18000	# of floors 3							
City (5) JERSEY CITY		Bldg. Age 1960'S								
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APARTMENT BUILDINGS								
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING, LLC		ASCM No.	Name of Abatement Contractor (9) ASBESTOS ROBOTICS div. of INDIAN ARROW							
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST								
City, State, Zip Code UNION, NJ, 07083		City, State, Zip Code PATERSON, NJ, 07501								
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	License No. 1257							
Start Date (10) 02/10/16	Scheduled Completion Date (11) N/A	Name of OSHA Monitor GORAN IGEV								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>ABATEMENT TAKES PLACE ON THE ROOF</u>		Street Address 144 MILL ST								
		City, State, Zip Code PATERSON, NJ, 07501								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
ROOF	Y			ROOFING	2400 SF	Y				
Name of Registered Waste Handler INDIAN ARROW/ATLANTIC CARTING		RCRA Waste Handler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.						
City, State PATERSON, NJ/WAYNE, NJ		Disposal Date TBD		City, State MORRISVILLE, PA						
Completed by GORAN IGEV		Title SECRETARY	Signature 				Date 01/31/16			